

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO  
**09/93731A**

FILING DATE

APPLICANT(S)

**41-24 CLAIMS**

**4-1-04**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
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TOTAL IND.			5	5									
TOTAL DEP.			6	6									
TOTAL CLAIMS			11	11									
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